DATE

Approved for use through 9/30/000. OMB 0651-0032
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SUND 319C1

Utility
Patent Application
Transmittal

Inventor (s): LIAO et al.

Attorney Docket No.

(only for nonprovisional applications under 37 CFR

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November 4, 2003

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See MPEP chapter 600 con	ON ELEMENTS cerning utility patent apontents.	oplication AI	DDRESS TO: P	ommissioner for .O. Box 1450 .lexandria, VA 22		. 1
1. See Determination (Submit an original, at 2. Specification) (preferred arrangement - Descriptive title of - Cross References to - Statement Regardi - Reference to Microte - Background of the - Brief Summary of - Brief Description of - Detailed Description - Claim(s) - Abstract of the Discription of - Abstract of the Discription of - Detailed Description of - Claim(s) - Abstract of the Discription of - Claim(s) - Abstract of the Discription of - Claim(s) - Abstract of the Discription of - Declaration of - De	on Record and a duplicate for fee p [Total Pa ent set forth below) f the Invention to Related Application ing Fed sponsored R ofiche Appendix e Invention the Invention of the Drawings (if fine) sclosure USC 113) [Total S [Total d (original or copy) ior application (37 C divisional with Box 17 C [Note Box 5 below NVENTOR(S)	6. processing) ages 30] 7. led) 8. led) 8. Sheets 12] Sheets 2] 10 CFR .63(d) 12 completed) 13	Microfich Nucleotide and/ (if applicable, all n a. Comput b. Paper C c. Stateme ACCOMI X Assignme document 37 CFR 3 (when the	or Amino Acidecessary) er Readable Copy (identical to the verifying ide PANYING AP ent Papers (prevent) (5 pages) 3.73(b) Statemer is an assigner anslation Document (IDS)/PTO-14 by Amendment eccipt Postcard	Sequence Submission py computer copy) ntity of above copies PLICATION PARTS viously filed cover sheet & ent Power of e) Attorney ament (if applicable) 49 (MPEP 503)	1751
Signed statement attached delinventor(s) named in the prior see 37 CFR 1.63(d)(2) and 1.3	r application,	15		ertified Copy friority is claimed)	irst page of Priority Documen	t
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17. If a CONTINUING AP	PLICATION, check a	ppropriate box and	supply the requisit	e information:		
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Customer Number or Bar Code Label (Insert Customer Number of Att		23995 Customer No. or Attach	par code (Tablel here)	or Corresponde	ence address below	
	NAME Robert H. Berdo, Jr. (Reg. No. 38,075) - Rabin & Berdo, P.C.					
ADDRESS						
CITY		STATE		ZIPCODE		
COLINTRY			(202) 371-897	6 FAX	(202) 408-0924	

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PTO/SB/06 (08-00)
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Caloma I) FEE NUMBER EXTRA RATE FOR **NUMBER FILED** RATE FEE 385 **BASIC FEE** \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 9 OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 OR minos 3 = = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT 07 CFR 1.1660) OR = 385 TOTAL TOTAL OR * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column 2) (Coloma 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT **PREVIOUSLY EXTRA AFTER** FEE FEE **AMENDMENT** PAID FOR OR Total ** Minus (37 CFR 1.16(c)) OR Independent *** Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR L16(4)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column I) 47-771-346 **CLAIMS** ADDI-ADDI-HIGHEST PRESENT RATE TIONAL TIONAL REMAINING NUMBER RATE ' AMENDMENT **EXTRA AFTER** PREVIOUSLY FEE FEE AMENDMENT PAID FOR OR Total = Minus OR *** Independent = **Minus** OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16609 OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Coloma 3) (Column 2) (Column 1) ADDI-**CLAIMS** HIGHEST ADDI-PRESENT TIONAL REMAINING NUMBER RATE TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** **Minus** 07 CFR 1-16(d) OR Independent Minus = OR O7 CFR LIGH) (37 CFR 1.16(4)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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